



U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

17W Rce

# REQUEST FOR CONTINUED EXAMINATION (RCE)

## TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 10191/4639	APPLICATION SERIAL NO. 10/577,009	EXAMINER William M. TREAT	ART UNIT 2181
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INVENTOR(S):  
Reinhard WEIBERLE et al.

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

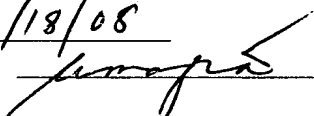
Dear Sir:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop: RCE

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on

Date: 7/18/08

Signature: 

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 10/577,009, filed on February 15, 2007, entitled METHOD AND DEVICE FOR SWITCHING BETWEEN AT LEAST TWO OPERATING MODES OF A PROCESSOR UNIT

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ Amendment After Final Action dated June 13, 2008  
☐ Information Disclosure Statement  
☐ Drawing Changes  
☐ Other Submission: \_\_\_\_\_

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached Amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

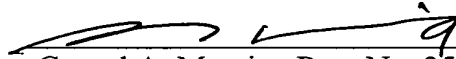
	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						810.00
TOTAL CLAIMS	18		20	0	50.00	0.00
INDEPENDENT CLAIMS	3		3	0	200.00	00
MULTIPLE DEPENDENT CLAIM					360.00	
				Number extra must be zero or larger	TOTAL	810.00
	If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL 00

2. Please charge the required RCE and submission filing fee of **\$810.00** to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.
3. The Commissioner is also hereby authorized to charge payment of any other fees to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.
4. A duplicate of this transmittal form is enclosed.

Respectfully submitted,

Dated: July 18, 2008

By:

  
Gerard A. Messina Reg. No. 35,952  
**KENYON & KENYON LLP**  
One Broadway  
New York, New York 10004  
(212) 425-7200 (telephone)  
(212) 425-5288 (facsimile)

**CUSTOMER NO. 26646**



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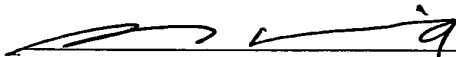
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INDEPENDENT CLAIMS	3		3	0	200.00	00
MULTIPLE DEPENDENT CLAIM				4	360.00	
				Number extra must be zero or larger	TOTAL	810.00
	If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL 00

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